

# MATUTECH, INC.

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## Notice of Independent Review Decision

**Date:** August 27, 2012

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Bilateral L4 transforaminal ESI with EPI (64483 x2)

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Diplomate, American Board of Physical Medicine and Rehabilitation and Pain Medicine

### **REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

#### **TDI**

- Utilization reviews (05/18/12 - 06/29/12)
- Office visits (03/26/12 - 05/08/12)
- Therapy (03/27/12 – 04/25/12)
- Diagnostics (04/09/12 – 07/31/12)
- Utilization reviews (05/18/12 - 06/29/12)

#### **M.D.**

- Office visits (03/26/12 - 05/08/12)
- Therapy (04/25/12)
- Diagnostics (04/09/12 – 07/31/12)

**ODG used for denials**

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who sustained a work-related injury on xx/xx/xx. He was trying to hitch a trailer and leaning over to pick up a tongue and felt sudden pain in his lower back.

On xx/xx/xx, the patient was evaluated by M.D., for back pain localized in the lumbar region and described as constant, worse with movement, leaning and bending at waist level. The pain radiated down the left lower extremity into the calf. The patient denied any prior problems with his back. It was noted that the patient had seen a chiropractor and had x-rays. He was told that he had something wrong with his back but could not recall the exact condition. Examination showed moderate tenderness at L2, L3 and L4, diminished range of motion (ROM), positive straight leg raising (SLR) at 60 degrees and palpable spasm on passive testing. Lower extremity was within normal limits. Review of x-rays of the lumbar spine showed no fracture or bony deformity but slightly increased lordosis. Dr. diagnosed lumbosacral radiculitis and lumbar sprain, prescribed hydrocodone, cyclobenzaprine and Lodine, recommended physical therapy (PT) and magnetic resonance imaging (MRI) of the lumbar spine to evaluate for disc type injury.

From xx/xx/xx through April 25, 2012, the patient attended 12 sessions of PT consisting of hot pack application, electrical muscle stimulation (EMS), therapeutic exercises, neuromuscular reeducation, ultrasound, group therapy, manual therapy, mechanical traction and aquatic therapy.

On April 9, 2012, MRI of the lumbar spine was performed at Imaging of. The findings were: L4-L5 disc desiccation and loss of normal water content with 9-mm central and left-sided disc herniation with increased signal within the posterior margin of the disc. At L5-S1, desiccation and loss of normal water content with 7-mm central herniation with increased signal within the posterior margin of the disc herniation.

On May 8, 2012, M.D., evaluated the patient for back pain primarily in the lower left lumbar spine that was characterized as constant, moderate in intensity, severe and sharp. Associated symptoms included paravertebral muscle spasm. Dr. noted that PT provided moderate relief while narcotics provided no relief. Palpation elicited pain over the left and right lumbar paraspinal muscles. Active ROM was limited. Muscle strength was 4/5 in the left quadriceps. Bilateral Kemp's and bilateral slump was positive for back pain. Dr. diagnosed bulging lumbar disc, prescribed Mobic and opined that the patient would benefit from a bilateral L4 transforaminal epidural steroid injection (ESI). The patient was encouraged to keep an active lifestyle and maintain exercise routine.

Per utilization review dated May 18, 2012, the request for bilateral L4 transforaminal ESI with epidurogram was non-authorized with the following rationale: *"The rationale for bilateral ESI is not clear, given that the symptoms are localized on the left. The records indicated that the patient has had PT visits with moderate relief. There was no comprehensive assessment of the patient's functional response to pharmacologic intervention and exercise programs as evidence of failed response to these modalities prior to the current request for ESI. There was also no formal plan indicated with regard to the concurrent use of PT and HEP in conjunction with the ESI for optimal benefit to the patient. Based*

*on the records, the patient has an abnormal BMI, which can be a contributing factor in the patient's symptoms. Hence, the medical necessity of the requested service is not established at this time."*

On June 29, 2012, the appeal for bilateral L4 transforaminal ESI with epidurogram was non-authorized with the following rationale: *"this request was previously non-certified because there was no documentation of failed response to rehabilitation and pharmacologic interventions and a formal plan with regard to the concurrent use of PT and HEP in conjunction with the requested injection. It is noted that the patient has tried PT with moderate relief and narcotics with no relief. However, there was still no documentation that the patient will pursue other forms of conservative treatment such as physical therapy or compliance with an HEP in conjunction with the request. There was also no clear rationale provided as to why the patient would benefit from bilateral L4 ESI when his symptoms are confined to the left. For the above reasons, the medical necessity of this request cannot be established at this time."*

On July 31, 2012, the patient underwent nerve conduction velocity (NCV) for history of low back pain radiating into the left leg. The electrophysiologic study was normal and did not show any evidence of dysfunction of test conducting large fibers of the tested nerves and lumbar radiculopathy. Correlation was recommended with the patient's clinical history, clinical examination and other diagnostic tests.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

There is no evidence that the patient has pathology that would require the ESI to be performed bilaterally. The largest evidence is that the pain is unilateral, the MRI shows corresponding changes at only one level, and there is no reasonable evidence provided in the records to perform the requested injection, bilaterally. Furthermore, the procedure requested should be in the context of ODG guidelines (including future rehabilitation efforts if any). The epidurogram is not medically necessary, given the obvious changes on MRI.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**